

VILLAGE OF WEST SALEM OPEN RECORDS REQUEST FORM

This form is available at the Village of West Salem Administration Office, on the Village of West Salem website, or by contacting the Village Administrator at tdelong@westsalemwi.gov and may be printed, completed, and faxed to 608-786-1988, mailed to 175 Leonard Street South, West Salem, WI 54669, delivered directly to the Village of West Salem Administrative Office during regular business hours, Monday through Friday, from 8:00 a.m. to 4:45 p.m., or emailed to tdelong@westsalemwi.gov.

Requester Name: _____ E-Mail: _____
Street Address: _____ Phone Number: _____
City: _____ Zip Code: _____ Fax Number: _____

Per Wis. Statutes, Chapter 19.35(1)(i), applicants are not required to identify themselves or state a purpose for their request when making a request for open records.

DESCRIPTION OF DATA REQUESTED

Pursuant to the Wisconsin Open Records Law, Chapter 19.35, Wis. Statutes, I hereby request the following information currently existing in the records of the Village of West Salem, La Crosse County, Wisconsin. Specify the information you are requesting e.g., specific correspondence, reports, meeting proceedings/other documents, along with the approximate dates of these records.

PREFERRED METHOD OF DELIVERY

PAPER COPY I wish to receive a paper copy of the requested information. I understand that I must pay \$0.25 per printed page for paper copies. I understand that for all other requests, I must pay the actual cost of fulfilling the request as permitted by Wisconsin Statutes. *Charges must be paid in full before any portion of the information requested is released. Make payment in cash, check or money order payable to the Village of West Salem. Per Wis. Statutes, Chapter 19.35.3, the Village can charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. We do not charge for inspection of data or for separating non-public data from public data.*

PICK UP I will pick this information up when it becomes available. Please contact me at the above-listed contact information when the documents are ready.

MAIL Please contact me at the above-listed contact information and inform me of all costs, (e.g., copies, postage, shipping, etc.) and, upon payment, mail the requested information to me at the address listed above.

ELECTRONIC MAIL Please e-mail and inform me of all applicable costs and, upon payment, e-mail the requested information to me at the e-mail address listed above.

FAX Please call and inform me of all costs and, upon payment, fax the information to me at the fax number listed above.

NO COPIES / IN-PERSON REVIEW I do not want copies but wish to inspect the originals of the requested information at no cost. Please contact me at the above-listed contact information to schedule a time when records will be available for viewing.

In making this request, I understand that:

- The Village of West Salem is under no obligation to create a document that does not already exist.
- The Village of West Salem is under no obligation to provide items deemed confidential under the Wisconsin Open Records Law, Wis. Stat. 19.35(1)(am)(1).
- Depending on the request, it may take up to ten (10) business days or more for the Village of West Salem to fulfill this request.
- Any request will be filled on a first-come, first served basis.

Signature of Requester: _____ Date: _____

FOR VILLAGE USE ONLY

Date Received: _____ Received by (employee): _____

Action taken by Village in obtaining information: _____

Disposition of request: _____

Employee releasing information: _____ Date information released: _____

Fee Received: _____